

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

REPORT OF INDUCED TERMINATION OF PREGNANCY

STATE FILE NUMBER	

TYPE/PRINT IN PERMANENT	BLACK INK.										
1a. FACILITY - NAME (If not Hospital or Clinic, Give Address)			1b. CITY	1b. CITY, TOWN, OR LOCATION OF PREGNANCY TERMINATION					1c. COUNTY OF PREGNANCY TERMINATION		
2a. PATIENT NUMBER	2b. AGE OF PATIENT	PATIENT LAST BIRTHDAY 2		2c. MARITAL STATUS (Specify)					3. DATE OF PREGNANCY TERMINATION (Month, Day, Year)		
			0 □ Ne	0 Never Married 2 Widowed 4 Separated					(month, stay, rotal)		
			1	arried	3 Divo	rced 5	Unmarried,	Unspecified			
4a. RESIDENCE - CITY, TOWN OR LOCATION 4b. INSIDE CITY LIN				4c. STATE		4d. ZIP CO	<u>'</u>	4e. COUNTY			
·			es 2 No		40. STATE		4u. Zii 00		46. 000N11		
5. RACE (Check)				GIN? (specify No or Yes - If yes, specify Cuban, Mexican, 7. EDUC				7. EDUCA	ATION (Specify only highest grade completed)		
1 White	Puerto Rican, etc.			ELEMENTARY OR						COLLEGE	
2 Black	0 🗆 No			SECONDARY				I	(1-4 OR 5+)		
3 American Indian	1 Tyes			(0-12)				(0-12)			
4 Other (specify)								I			
8. PREVIO	US PREGNANCIES	•		9. PROCEDI	JRE THAT TERM	MINATED PREGNA	NCY - TYPE	OF TERMINATION PROCEDUR	RE (CHECK ONLY ONE)		
(Complete Each Section)					1	☐ Suction Cure	attana		5 Medical (non-si	urgical)	
LIVE BIRTHS				2 Sharp Curettage (D & C)				Specify			
8a. NOW LIVING 8b. NOW DEAD											
	i				3		I 4:11 - 4: (-	saline or prostaglandin)	8 Laminaria (D &	5)	
Number	Number				3	□ Intra-Uterine	instillation (s	saline or prostaglandin)	8 Laminaria (D &	E)	
None	I ⊩None □			4 Hysterotomy/Hysterectomy				9 Other (specify)			
OTHER TERMINATIONS				10. CERTIFICATIONS OF PHYSICAN WHO PERFORMED OR INDUCED TERMINATION OF PREGNANCY:							
8c. SPONTANEOUS	8d. INDUCED (L	Do not include th	is termination.)	ation.) a. Physician certifies they have no knowledge that the woman sought the abortion solely be					because of a prenatal d	iagnosis, test, or screening indicating Down Syndrome	
	i			or of the potential of Down Syndrome in the unborn child. \square Yes \square No					,		
Number	Number			163 110							
None	None		b. Physician certifies they have no knowledge that the woman sought the abortion soley because of the					because of the sex or ra	ce of the unborn child. Yes No		
	İ										
11. DATE LAST NORMAL MENSES BEGAN	12a. CLINICAL ES			OF ESTIMATING 13. BIPARIETAL DIAMETER		14. FETUS VIABLE?					
(Month, Day, Year)	OF GESTATI	ION	GESTATIO	N:	MEAS	UREMENT					
			1 Ultra	sound	m		1 Yes 2 No				
			2 🗆 Fund	2 Fundal height							
		8		r (specify)	If gestational age ≥ 18 weeks by LNM				ned statements certifying "the medical threat posed to the life of the pregnant s that continuation of the pregnancy would cause a serious risk of substantial and nt of a major bodily function".		
	weeks					or clinical estimate		irreversible physical impairmen			
15a. NAME OF PHYSICIAN WHO PERFORME			EGNANCY (Typo	or print) 15h	SIGNATURE NA	AME OF PHYSICIA	N WHO DED		ATION OF PRECNANCY	15c. MISSOURI PHYSICIAN LICENSE NUMBER	
13a. NAME OF FITTOIGIAN WHO I ET II OT IME	D OIT INDOOLD TEIN	MINATION OF TT	Larvarior (Type	or print) 13b.	OIGHATOTIL 147	AWIE OF TITTOION	WIIO I LIII	TOT INTED OIT INDOOLD TET IVIIINA	ATION OF THE GIVANOT	ISC. MIGGGGTTTTTGIGTAL EIGENGE NOMBERT	
16a. NAME OF CONCURRING PHYSICIAN, IF FETUS VIABLE (Type or Print)				16h	16b. SIGNATURE OF CONCURRING PHYSICIAN, IF FETUS VIABLE			FETUS VIABLE		16c. CONCURRING PHYSICIAN LICENSE NUMBER	
Total training of Control and The Control of Training (1990 of Time)					100. ORIGINATORE OF CONCORRING FITTOGORIN, IF TETOS VIADLE					STATE OF THE PROPERTY OF THE P	
				1						1	